

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2007  
OF THE CONDITION AND AFFAIRS OF THE

MEMPHIS MANAGED CARE CORPORATION

NAIC Group Code 0000 , 2006 NAIC Company Code 00000 Employer's ID Number 621539163  
(Current Period) (Prior Period)

Organized under the Laws of TENNESSEE , State of Domicile or Port of Entry Tennessee

Country of Domicile US

Licensed as business type:

Life Accident and Health [ ] Property/Casualty [ ] Hospital, Medical and Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Other [ ]  
Health Maintenance Organization [ X ] Is HMO Federally Qualified? Yes (X) No ( )

Incorporated/Organized July 7, 1993 Commenced Business January 1, 1994

Statutory Home Office 1407 UNION AVE SUITE 200, MEMPHIS,, Tennessee 38104  
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1407 UNION AVE SUITE 200, MEMPHIS,, Tennessee 38104 901-515-3022  
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1407 UNION AVE SUITE 200, MEMPHIS,, Tennessee 38104  
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1407 UNION AVE SUITE 200, MEMPHIS,, Tennessee 38104  
(Street and Number, City or Town, State and Zip Code)  
901-515-3022  
(Area Code) (Telephone Number)

Internet Website Address cmiller@mmcc-tlc.com

Statutory Statement Contact CHERYLL ANNETTE MILLER 901-515-3022  
(Name) (Area Code) (Telephone Number) (Extension)  
cmiller@mmcc-tlc.com 901-515-3722  
(E-Mail Address) (Fax Number)

Policyowners N/A  
Relations (Street and Number, City or Town, State and Zip Code)  
Contact and (Area Code) (Telephone Number) (Extension)  
Phone Number

OFFICERS

1. AL KING (President)
2. JEFF BRANDON (Secretary)

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

JEFF BRANDON  
PEGGY ALLEN#  
STEVEN BURKETT  
BRENDA JETTER  
AL KING  
VERONICA MALLET, DR.  
SYLVESTER REEDER#  
STUART POLLY, DR.

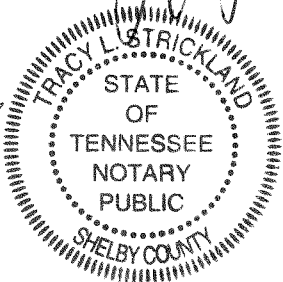
State of Tennessee } SS  
County of SHELBY

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

AL KING  
President

JEFF BRANDON  
Secretary

Subscribed and sworn to before me this  
3rd day of March, 2008



a. Is this an original filing? Yes ( ) No (X)  
b. If no: 1. State the amendment number 1  
2. Date filed March 3, 2008  
3. Number of pages attached 40

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets
1. Bonds .....	19,006,160		19,006,160	20,291,225
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ ..... 4,198,720 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	4,198,720		4,198,720	5,648,464
6. Contract loans (including \$ ..... premium notes) .....				
7. Other invested assets .....	1,325,324		1,325,324	1,415,186
8. Receivables for securities .....				
9. Aggregate write-ins for invested assets .....				
10. Subtotals, cash and invested assets (Line 1 to Line 9) .....	24,530,204		24,530,204	27,354,875
11. Title plants less \$ ..... charged off (for Title insurers only) .....				
12. Investment income due and accrued .....	175,665		175,665	217,686
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection .....				
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
13.3 Accrued retrospective premiums .....				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers .....				
14.2 Funds held by or deposited with reinsured companies .....				
14.3 Other amounts receivable under reinsurance contracts .....				
15. Amounts receivable relating to uninsured plans .....	10,046,744		10,046,744	4,716,674
16.1 Current federal and foreign income tax recoverable and interest thereon .....				
16.2 Net deferred tax asset .....				
17. Guaranty funds receivable or on deposit .....				
18. Electronic data processing equipment and software .....	982,666	982,666		
19. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	211,494	211,494		
20. Net adjustment in assets and liabilities due to foreign exchange rates .....				
21. Receivables from parent, subsidiaries and affiliates .....	260,441	3,000	257,441	282,861
22. Health care (\$ ..... ) and other amounts receivable .....	729,802	729,648	154	25,006
23. Aggregate write-ins for other than invested assets .....	498,740	498,740		
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23) .....	37,435,756	2,425,548	35,010,208	32,597,102
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
26. Totals (Line 24 and Line 25) .....	37,435,756	2,425,548	35,010,208	32,597,102
DETAILS OF WRITE-INS				
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....				
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above) .....				
2301. PREPAID EXPENSES .....	498,740	498,740		
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) .....	498,740	498,740		

STATEMENT AS OF SEPTEMBER 30, 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....				
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....				
4. Aggregate health policy reserves .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....				
9. General expenses due or accrued .....	49,004		49,004	183,420
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....	658,991		658,991	661,718
13. Remittances and items not allocated .....				
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	193,278		193,278	192,695
16. Payable for securities .....				
17. Funds held under reinsurance treaties with (\$ ..... authorized reinsurers and \$ ..... unauthorized reinsurers) .....				
18. Reinsurance in unauthorized companies .....				
19. Net adjustments in assets and liabilities due to foreign exchange rates .....				
20. Liability for amounts held under uninsured plans .....	774,012		774,012	1,349,431
21. Aggregate write-ins for other liabilities (including \$ ..... current) .....				
22. Total liabilities (Line 1 to Line 21) .....	1,675,285		1,675,285	2,387,264
23. Aggregate write-ins for special surplus funds .....	XXX	XXX		
24. Common capital stock .....	XXX	XXX		
25. Preferred capital stock .....	XXX	XXX		
26. Gross paid in and contributed surplus .....	XXX	XXX	3,699,498	3,699,498
27. Surplus notes .....	XXX	XXX		
28. Aggregate write-ins for other than special surplus funds .....	XXX	XXX		
29. Unassigned funds (surplus) .....	XXX	XXX	29,635,426	26,510,340
30. Less treasury stock, at cost:				
30.1 ..... shares common (value included in Line 24 \$ ..... ) .....	XXX	XXX		
30.2 ..... shares preferred (value included in Line 25 \$ ..... ) .....	XXX	XXX		
31. Total capital and surplus (Line 23 to Line 29 minus Line 30) .....	XXX	XXX	33,334,924	30,209,838
32. Total Liabilities, capital and surplus (Line 22 and Line 31) .....	XXX	XXX	35,010,209	32,597,102
DETAILS OF WRITE-INS				
2101. ....				
2102. ....				
2103. ....				
2198. Summary of remaining write-ins for Line 21 from overflow page .....				
2199. Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above) .....				
2301. ....	XXX	XXX		
2302. ....	XXX	XXX		
2303. ....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	XXX	XXX		
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) .....	XXX	XXX		
2801. ....	XXX	XXX		
2802. ....	XXX	XXX		
2803. ....	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page .....	XXX	XXX		
2899. Totals (Line 2801 through Line 2803 plus Line 2898) (Line 28 above) .....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date
	1	2	3
	Uncovered	Total	Total
1. Member Months .....	X X X		1,544,787
2. Net premium income (including \$ ..... non-health premium income) .....	X X X		
3. Change in unearned premium reserves and reserve for rate credits .....	X X X		
4. Fee-for-service (net of \$ ..... medical expenses) .....	X X X		
5. Risk revenue .....	X X X		
6. Aggregate write-ins for other health care related revenues .....	X X X		
7. Aggregate write-ins for other non-health revenues .....	X X X	4,002	
8. Total revenues (Line 2 to Line 7) .....	X X X	4,002	
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....			
10. Other professional services .....			
11. Outside referrals .....			
12. Emergency room and out-of-area .....			
13. Prescription drugs .....			
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....			
16. Subtotal (Line 9 to Line 15) .....			
<b>Less:</b>			
17. Net reinsurance recoveries .....			
18. Total hospital and medical (Line 16 minus Line 17) .....			
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ ..... cost containment expenses .....			3,366,347
21. General administrative expenses .....		(2,744,546)	(7,848,182)
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....			
23. Total underwriting deductions (Line 18 through Line 22) .....		(2,744,546)	(4,481,835)
24. Net underwriting gain or (loss) (Line 8 minus Line 23) .....	X X X	2,748,548	4,481,835
25. Net investment income earned .....		880,839	967,146
26. Net realized capital gains (losses) less capital gains tax of \$ .....			
27. Net investment gains (losses) (Line 25 plus Line 26) .....		880,839	967,146
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			
29. Aggregate write-ins for other income or expenses .....			114,156
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29) .....	X X X	3,629,387	5,563,137
31. Federal and foreign income taxes incurred .....	X X X		
32. Net income (loss) (Line 30 minus Line 31) .....	X X X	3,629,387	5,563,137
<b>DETAILS OF WRITE-INS</b>			
0601. ....	X X X		
0602. ....	X X X		
0603. ....	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X		
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) .....	X X X		
0701. REVENUE FROM SALE OF ASSETS .....	X X X	4,002	
0702. ....	X X X		
0703. ....	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X		
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above) .....	X X X	4,002	
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above) .....			
2901. MEDCALL REVENUE .....			64,316
2902. MRI REVENUE .....			49,840
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above) .....			114,156

STATEMENT AS OF SEPTEMBER 30, 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year to Date	Prior Year To Date	Prior Year
33. Capital and surplus prior reporting year .....	30,209,840	26,539,158	27,804,505
34. Net income (loss) from Line 32 .....	3,629,383	5,563,137	8,205,507
35. Change in valuation basis of aggregate policy and claims reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(504,299)	(628,750)	(800,172)
40. Change in unauthorized reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Tranferred from capital .....			
46. Dividends to stockholders .....			(5,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....		1,266,197	
48. Net change in capital and surplus (Line 34 to Line 47) .....	3,125,084	6,200,584	2,405,335
49. Capital and surplus end of reporting period (Line 33 plus Line 48) .....	33,334,924	32,739,742	30,209,840
DETAILS OF WRITE-INS			
4701. AUDIT ADJUSTMENT .....		1,266,197	
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) .....		1,266,197	

CASH FLOW

	1	2
	Current Year To Date	Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance		
2. Net investment income	922,860	1,260,863
3. Miscellaneous income	4,002	114,156
4. Total (Line 1 through Line 3)	926,862	1,375,019
5. Benefit and loss related payments		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	2,756,295	11,484,345
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Line 5 through Line 9)	2,756,295	11,484,345
11. Net cash from operations (Line 4 minus Line 10)	(1,829,433)	(10,109,326)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	6,178,380	20,929,084
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	6,178,380	20,929,084
13. Cost of investments acquired (long-term only):		
13.1 Bonds	4,713,593	15,767,942
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets	89,863	1,500,000
13.6 Miscellaneous applications		
13.7 Total investments acquired (Line 13.1 through Line 13.6)	4,803,456	17,267,942
14. Net increase or (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	1,374,924	3,661,142
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		(5,000,000)
16.6 Other cash provided (applied)	(995,234)	1,105,393
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(995,234)	6,105,393
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(1,449,743)	(342,791)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	5,648,464	5,991,255
19.2 End of period (Line 18 plus Line 19.1)	4,198,721	5,648,464

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
20.0002		
20.0003		
20.0004		
20.0005		
20.0006		
20.0007		
20.0008		
20.0009		
20.0010		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1  Total	Comprehensive (Hospital and Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

<sup>1</sup> Account	<sup>2</sup> 1 - 30 Days	<sup>3</sup> 31 - 60 Days	<sup>4</sup> 61 - 90 Days	<sup>5</sup> 91 - 120 Days	<sup>6</sup> Over 120 Days	<sup>7</sup> Total
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NONE



UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 plus 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....						
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Line 1 to Line 8) .....						
10. Healthcare receivables (a) .....						
11. Other non-Health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals .....						

NONE

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

## NOTES TO FINANCIAL STATEMENTS

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1. Summary of Significant Accounting Policies  
No Change
2. Accounting Changes and Corrections of Errors  
No Change
3. Business Combinations and Goodwill  
No Change
4. Discontinued Operations  
No Change
5. Investments  
No Change
6. Joint Ventures, Partnerships and Limited Liability Companies  
No Change
7. Investment Income  
No Change
8. Derivative Instruments  
No Change
9. Income Tax  
No Change
10. Information Concerning Parent, Subsidiaries and Affiliates  
No Change
11. Debt  
No Change
12. Retirement Plans, Deferred Compensation, Post Employment Benefits and Compensated Absences and other Postretirement Benefit Plans  
No Change
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi Re-organizations.  
No Change
14. Contingencies  
No Change
15. Leases  
No Change
16. Information about Financial Instruments with off Balance Sheet risk and Financial; Instruments with concentrations of Credit Risk  
No Change
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. No Change
  - B. No Change
  - C. Memphis Managed Care Corporation did not engage in any wash sales for the quarter Ending September 30, 2007
18. Gain or Loss to the company from Uninsured A&H Plans and Uninsured  
No Change
19. Direct Premium Written/Produced by managing general agents/third party administrators.  
No Change
20. September 11 Events  
No Change
21. Other Items  
No Change
22. Events Subsequent  
No Change
23. Reinsurance  
No Change

**NOTES TO FINANCIAL STATEMENTS**

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- 24. Retrospectively Rated Contracts  
No Change
- 25. Change in Incurred Claims and Claim Adjustment Expenses  
No Change
- 26. Intercompany Pooling Agreements  
No Change
- 27. Structured Settlements  
No Change
- 28. Health Care Receivables  
No Change
- 29. Participating Policies  
No Change
- 30. Premium Deficiency Reserves  
No Change
- 31. Anticipated Salvage & Subrogation  
No Change

STATEMENT AS OF SEPTEMBER 30 , 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

NOTES TO FINANCIAL STATEMENTS - ITEM 1A

1	2	3	4
State Prescribed Practices	Current	Prior	State of Domicile
01A01 - Net Income, state basis	3,629,387	5,563,137	

NOTES TO FINANCIAL STATEMENTS - ITEM 5A02

1	2	3
Percent Reduced	Investment Excluding Accrued Interest	Number of Mortgages

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 13.10

	1	2	3	4	5	6	7	8
Description of Assets , Holder of Note and Other	Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Principal and/or Interest Paid Current Year	Total Principal and/or Interest Paid	Unapproved Principal and/or Interest	Date of Maturity

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 13.11

1	2	3
Year (Starting with Current Year)	Change in Year Surplus	Change in Gross Paid-in and Contributed Surplus

NONE

STATEMENT AS OF SEPTEMBER 30 , 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

NOTES TO FINANCIAL STATEMENTS - ITEM 19

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premiums Written/ Produced By
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NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 23

Name of Reinsurer	Amount
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NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 28A

1 Quarter	2 Estimated Pharmacy Rebates as Reported on Financial Statements	3 Pharmacy Rebates as Billed or Otherwise Confirmed	4 Actual Rebates Received Within 90 Days of Billing	5 Actual Rebates Received Within 91 to 180 Days of Billing	6 Actual Rebates Received More Than 180 Days After Billing
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NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 28B

1 Calendar Year	2 Evaluation Period Year Ending	3 Risk Sharing Receivable as Estimated in the Prior Year	4 Risk Sharing Receivable as Estimated in the Current Year	5 Risk Sharing Receivable Billed	6 Risk Sharing Receivable Not Yet Billed	7 Actual Risk Sharing Amounts Received in Year Billed	8 Actual Risk Sharing Amounts Received First Year Subsequent	9 Actual Risk Sharing Amounts Received Second Year Subsequent	10 Actual Risk Sharing Amounts Received - All Other
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NONE

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ( ) No (X)
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ( ) No ( )
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ( ) No (X)
- 2.2

If yes, date of change:

.....
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ( ) No (X)
- If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ( ) No (X)
- 4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....
.....	.....	.....
.....	.....	.....

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ( ) No ( ) N/A (X)
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2006
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2006
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

11/08/2007
- 6.4

By what department or departments?

DEPARTMENT OF COMMERCE AND INSURANCE TENNCARE DIVISION
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes ( ) No (X)
- 7.2

If yes, give full information

.....
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ( ) No (X)
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ( ) No (X)
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted .)

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ( )

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended? Yes ( ) No (X)

9.21 If the response to 9.2 is Yes, provide information related to amendment(s) .

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ( ) No (X)

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s) .

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes (X) No ( )

10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$ .....

INVESTMENT

11.1 Has there been any change in the reporting entity's own preferred or common stock? Yes ( ) No (X)

11.2 If yes, explain

.....

12.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? Yes ( ) No (X)

(Exclude securities under securities lending agreements.)

12.2 If yes, give full and complete information relating thereto:

.....

13. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ .....

14. Amount of real estate and mortgages held in short-term investments: \$ .....

15.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes (X) No ( )

15.2 If yes, please complete the following:

	<sup>1</sup> Prior Year-End Book/ Adjusted Carrying Value	<sup>2</sup> Current Quarter Book/ Adjusted Carrying Value
15.21 Bonds .....	\$ .....	\$ .....
15.22 Preferred Stock .....	\$ .....	\$ .....
15.23 Common Stock .....	\$ .....	\$ .....
15.24 Short-Term Investments .....	\$ .....	\$ .....
15.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
15.26 All Other .....	\$ ..... 1,416,186	\$ ..... 1,325,324
15.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 15.21 to Line 15.26) .....	\$ ..... 1,416,186	\$ ..... 1,325,324
15.28 Total Investment in Parent included in Line 15.21 to Line 15.26 above .....	\$ .....	\$ .....

16.1 Has the reporting entity entered into any hedging transactions reported on schedule DB? Yes ( ) No (X)

16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ( ) No ( )

If no, attach a description with this statement.

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

17. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV.J-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ( )

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

<sup>1</sup> Name of Custodian(s)	<sup>2</sup> Custodian Address
SUNTRUST BANK .....	P.O. BOX 622227, ORLANDO, FL. 32862-2227 .....
REGIONS BANK .....	6000 POPLAR, SUITE 300, MEMPHIS, TN. 38119 .....
.....	.....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

<sup>1</sup> Name(s)	<sup>2</sup> Location(s)	<sup>3</sup> Complete Explanation(s)
.....	.....	.....
.....	.....	.....
.....	.....	.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes ( ) No (X)

17.4 If yes, give full and complete information relating thereto:

<sup>1</sup> Old Custodian	<sup>2</sup> New Custodian	<sup>3</sup> Date of Change	<sup>4</sup> Reason
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

<sup>1</sup> Central Registration Depository	<sup>2</sup> Name(s)	<sup>3</sup> Address
.....	.....	.....
.....	.....	.....
.....	.....	.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes ( ) No (X)

18.2 If no, list exceptions:

.....



SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December		
2. Increase (decrease) by adjustment		
3. Cost of acquired		
4. Cost of additions to and permanent improv		
5. Total profit (loss) on sales		
6. Increase (decrease) by foreign exchange		
7. Amount received on sales		
8. Book/adjusted carrying value at end of cur		
9. Total valuation allowance		
10. Subtotal (Line 8 plus Line 9)		
11. Total nonadmitted amounts		
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year		
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions		
2.2. Additional investment made after a		
3. Accrual of discount and mortgage interest		
4. Increase (decrease) by adjustment		
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during t		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange		
9. Book value/recorded investment excluding		
10. Total valuation allowance		
11. Subtotal (Line 9 plus Line 10)		
12. Total nonadmitted amounts		
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		

SCHEDULE BA - VERIFICATION

Other Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	1,415,186	1,415,186
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		
2.2. Additional investment made after acquisitions		
3. Accrual of discount		
4. Increase (decrease) by adjustment	(89,862)	
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during the period		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange adjustment		
9. Book/adjusted carrying value of long-term invested assets at end of current period	1,325,324	1,415,186
10. Total valuation allowance		
11. Subtotal (Line 9 plus Line 10)	1,325,324	1,415,186
12. Total nonadmitted amounts		
13. Statement value of long term invested assets at end of current period (Page 2, Line 7, Column 3)	1,325,324	1,415,186

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	20,291,225	17,364,710
2. Cost of bonds and stocks acquired	4,713,593	15,921,823
3. Accrual of discount		
4. Increase (decrease) by adjustment	(758,658)	
5. Increase (decrease) by foreign exchange adjustment		
6. Total profit (loss) on disposal		
7. Consideration for bonds and stocks disposed of	5,240,000	11,805,000
8. Amortization of premium		1,190,308
9. Book/adjusted carrying value, current period	19,006,160	20,291,225
10. Total valuation allowance		
11. Subtotal (Line 9 plus Line 10)	19,006,160	20,291,225
12. Total nonadmitted amounts		
13. Statement value	19,006,160	20,291,225

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1.....	19,524,529	4,713,593	5,240,000	8,038	18,941,824	19,524,529	19,006,160	20,291,225
2. Class 2.....								
3. Class 3.....								
4. Class 4.....								
5. Class 5.....								
6. Class 6.....								
7. Total Bonds.....	19,524,529	4,713,593	5,240,000	8,038	18,941,824	19,524,529	19,006,160	20,291,225
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....								
15. Total Bonds and Preferred Stock.....	19,524,529	4,713,593	5,240,000	8,038	18,941,824	19,524,529	19,006,160	20,291,225

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals .....	NONE				

SCHEDULE DA - PART 2 - VERIFICATION

Short-Term Investments Owned

	1	2
	Year To Date	Prior Year Ended December 31
1. Book / adjusted carrying value, December 31 of prior year .....		
2. Cost of short-term investments acquired .....		
3. Increase (decrease) by adjustment .....		
4. Increase (decrease) by foreign exchange ad .....		
5. Total profit (loss) on disposal of short-term i	NONE	
6. Consideration received on disposal of short-t		
7. Book / adjusted carrying value, current perik		
8. Total valuation allowance .....		
9. Subtotal (Line 7 plus Line 8) .....		
10. Total nonadmitted amounts .....		
11. Statement value (Line 9 minus Line 10) .....		
12. Income collected during period .....		
13. Income earned during period .....		

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset							
1	2	3	4	5	Derivative Instruments Open		Cash Instrument(s) Held					
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	6	Description	7	8	9	10	11	12

NONE

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replicated Asset Statement Value	XXX						XXX		XXX	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX						XXX		XXX	
7. Ending Inventory										

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
------------------------------	------------------------------	------------------------	------------------------	---------------	--------------------------------------	---

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only Year to Date							
			2	3	4	5	6	7	8	9
States, Etc.		Is Insurer Licensed ? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Column 2 Through Column 7	Deposit-Type Contracts
1.	Alabama .....	AL No								
2.	Alaska .....	AK No								
3.	Arizona .....	AZ No								
4.	Arkansas .....	AR No								
5.	California .....	CA No								
6.	Colorado .....	CO No								
7.	Connecticut .....	CT No								
8.	Delaware .....	DE No								
9.	District of Columbia .....	DC No								
10.	Florida .....	FL No								
11.	Georgia .....	GA No								
12.	Hawaii .....	HI No								
13.	Idaho .....	ID No								
14.	Illinois .....	IL No								
15.	Indiana .....	IN No								
16.	Iowa .....	IA No								
17.	Kansas .....	KS No								
18.	Kentucky .....	KY No								
19.	Louisiana .....	LA No								
20.	Maine .....	ME No								
21.	Maryland .....	MD No								
22.	Massachusetts .....	MA No								
23.	Michigan .....	MI No								
24.	Minnesota .....	MN No								
25.	Mississippi .....	MS No								
26.	Missouri .....	MO No								
27.	Montana .....	MT No								
28.	Nebraska .....	NE No								
29.	Nevada .....	NV No								
30.	New Hampshire .....	NH No								
31.	New Jersey .....	NJ No								
32.	New Mexico .....	NM No								
33.	New York .....	NY No								
34.	North Carolina .....	NC No								
35.	North Dakota .....	ND No								
36.	Ohio .....	OH No								
37.	Oklahoma .....	OK No								
38.	Oregon .....	OR No								
39.	Pennsylvania .....	PA No								
40.	Rhode Island .....	RI No								
41.	South Carolina .....	SC No								
42.	South Dakota .....	SD No								
43.	Tennessee .....	TN No								
44.	Texas .....	TX No								
45.	Utah .....	UT No								
46.	Vermont .....	VT No								
47.	Virginia .....	VA No								
48.	Washington .....	WA No								
49.	West Virginia .....	WV No								
50.	Wisconsin .....	WI No								
51.	Wyoming .....	WY No								
52.	American Samoa .....	AS No								
53.	Guam .....	GU No								
54.	Puerto Rico .....	PR No								
55.	U. S. Virgin Islands .....	VI No								
56.	Northern Mariana Islands .....	MP No								
57.	Canada .....	CN No								
58.	Aggregate Other Alien .....	OT X X X								
59.	Subtotal .....	X X X								
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X								
61.	Total (Direct Business) .....	(a)								
DETAILS OF WRITE-INS										
5801.	.....									
5802.	.....									
5803.	.....									
5898.	Summary of remaining write-ins for Line 58 from overflow page .....									
5899.	Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above) .....									

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES  
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

All entity members of a Holding Company Group that have acquired and/or disposed of any domestic entity (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

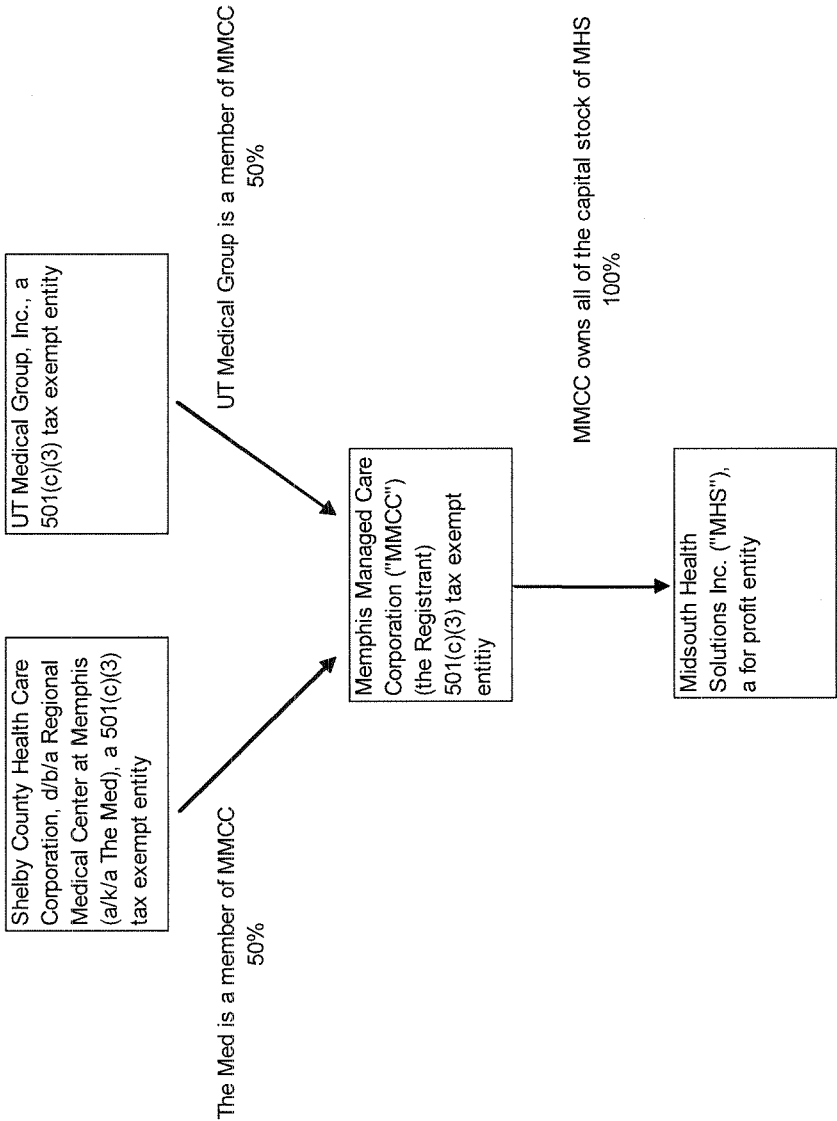
PART 1 - ORGANIZATIONAL LISTING

1 NAIC Group Code	2 Group Name	3 NAIC Company Code	4 State of Domicile	5 FEI Number	6 Name of Company
	UT MEDICAL GROUP INC. & REGIONAL MEDICAL		TN	20-4063319	MID-SOUTH HEALTH SOLUTIONS
	UT MEDICAL GROUP INC. & REGIONAL MEDICAL		TN	62-1539163	MEMPHIS MANAGED CARE INC.



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES  
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATIONS and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

EXPLANATIONS:

.....

BAR CODE:

Document Identifier 365:



SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED During the Current Quarter

1 Description of Property	Location		4	5		6	7	8	9
	2 City	3 State	Date Acquired	Name of Vendor		Actual Cost	Amount of Encumbrances	Book / Adjusted Carrying Value Less Encumbrances	Expended for Additions and Permanent Improvements

NONE

SCHEDULE A - PART 3

Showing All Real Estate SOLD During the Quarter , Including Payments During the Final Year on "Sales under Contract"

1 Description of Property	Location		4	5	6	7	8	9	10	11	12	13	14	15	16	17
	2 City	3 State	Disposal Date	Name of Purchaser	Actual Cost	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Increase (Decrease) by Foreign Exchange Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Amounts Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred

NONE

SCHEDULE B - PART 1

Showing All Mortgage Loans ACQUIRED during the Current Quarter

1  Loan Number	Location		4	5	6	7	8 Book Value/Recorded Investment Excluding Accrued Interest	9 Increase (Decrease) by Adjustment	10 Increase (Decrease) by Foreign Exchange Adjustment	11 Value of Land and Buildings	12 Date of Last Appraisal or Valuation
	2  City	3  State									

NONE

SCHEDULE B - PART 2

Showing All Mortgage Loans SOLD , Transferred or Paid in Full During the Current Quarter

1  Loan Number	Location		4	5	6 Book Value/Recorded Investment Excluding Accrued Interest Prior Year	7 Increase (Decrease) by Adjustment	8 Increase (Decrease) by Foreign Exchange Adjustment	9 Book Value/Recorded Investment Excluding Accrued Interest at Disposition	10 Consideration Received	11 Foreign Exchange Profit (Loss) on Sale	12 Realized Profit (Loss) on Sale	13 Total Profit (Loss) on Sale
	2  City	3  State										

NONE

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost	10 Amount of Encumbrances	11 Book/Adjusted Carrying Value Less Encumbrances	12 Fair Value	13 Increase (Decrease) by Adjustment	14 Increase (Decrease) By Foreign Exchange Adjustment	15 Commitment for Additional Investment	16 Percentage of Ownership
		3 City	4 State												

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD , Transferred or Paid in Full During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Book/Adjusted Carrying Value Less Encumbrances Prior Year	8 Increase (Decrease) by Adjustment	9 Increase (Decrease) by Foreign Exchange Adjustment	10 Book/Adjusted Carrying Value less Encumbrances on Disposal	11 Consideration Received	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) on Disposal	15 Investment Income
		3 City	4 State											

NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
91282-EG-1	U.S. TREASURY		08/16/2007	DBTC AMERICAS		2,464,063	2,500,000.00	40,540	
0399999 - Subtotal - Bonds - U.S. Governments						2,464,063	2,500,000.00	40,540	
Bonds - All Other Governments									
31286-GW-0	FEDERAL HOME LOAN MTG CORP		07/18/2007	RBC DAIN RAUSCHER		350,000	350,000.00		105
3133X-RT-2	FEDERAL HOME LOAN		08/06/2007	G. X. CLARKE & COMPANY		400,000	400,000.00		
3133X-BQ-4	FEDERAL FARM CREDIT BANK		09/20/2007	G. X. CLARKE & COMPANY		202,556	200,000.00	4,063	
3133X-ZS-5	FEDERAL HOME LOAN		08/22/2007	CREWS & ASSOCIATES		600,000	600,000.00		
1099999 - Subtotal - Bonds - All Other Governments						1,552,556	1,550,000.00	4,188	
Bonds - Industrial and Miscellaneous (Unaffiliated)									
008739-AA-2	AIG SUNAMERICA SERIES		09/12/2007	BEAR STEARNS & CO.		100,510	100,000.00		666
010392-DK-1	ALABAMA POWER CO.		08/31/2007	BEAR STEARNS & CO.		100,366	100,000.00	2,240	
073928-W9-0	BEAR STERNS CO INC.		08/31/2007	BEAR STEARNS & CO.		99,275	100,000.00		683
25243Y-AG-4	DIAGEO CAPITAL PLC		09/24/2007	SCOTT & STRINGFELLOW INVESTMENT CORP.		98,549	100,000.00		1,714
524909-AZ-1	LEHMAN BROS. INC.		07/19/2007	SCOTT & STRINGFELLOW INVESTMENT CORP.		100,713	100,000.00	1,697	
57183A-AE-0	MARSHALL & ISLEY CORP.		09/12/2007	FTN FINANCIAL SECURITIES		98,649	100,000.00		498
91307I-BG-3	UNITED TECHNOLOGIES CORP.		09/24/2007	SCOTT & STRINGFELLOW INVESTMENT CORP.		98,912	100,000.00	1,738	
4599999 - Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						696,974	700,000.00	9,236	
6099997 - Subtotal - Bonds - Part 3						4,713,593	4,750,000.00	53,964	
6099999 - Subtotal - Bonds						4,713,593	4,750,000.00	53,964	
7499999 - TOTALS						4,713,593		53,964	

(a) For all common stock bearing the NAIC market indicator "U" provide the number of such issues .....

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold , Redeemed or Otherwise Disposed of  
by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	11	12	13	14	15	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designa- tion or Market Indi- cator (a)
										Unrealized Valuation Increase/ (Decrease)	Current Year's (Amort- ization) / Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V. (15+12-13)							
Bonds - U.S. Governments																					
912828-AH-3	U.S. TREASURY		08/15/2007	SUNTRUST BANK		2,500,000	2,500,000.00	2,499,160	2,495,396		(3,764)				2,500,000				81,250	05/15/2007	
912795-ZY-0	U.S. TREASURY		09/06/2007	AMSOUTH BANK		200,000	200,000.00	195,948							200,000				4,052	09/06/2007	
0399999	Subtotal - Bonds - U.S. Governments					2,700,000	2,700,000.00	2,695,108	2,495,396		(3,764)				2,700,000				85,302		
Bonds - All Other Governments																					
313315-SA-2	FEDERAL FARM CREDIT BANK		09/17/2007	AMSOUTH BANK		100,000	100,000.00	99,698							100,000				2,063	09/17/2007	
3133XJ-M9-6	FEDERAL HOME LOAN BANK		07/17/2007	SUNTRUST BANK		750,000	750,000.00	750,000							750,000				19,875	07/17/2007	
3133XJ-MV-7	FEDERAL HOME LOAN BANK		08/15/2007	SUNTRUST BANK		500,000	500,000.00	500,000							500,000				13,250	02/15/2008	
3133XH-ZX-3	FEDERAL HOME LOAN BANK		09/05/2007	SUNTRUST BANK		640,000	640,000.00	640,000	637,229		(2,771)				640,000				24,960	09/05/2007	
3134A4-RH-9	FEDERAL HOME LOAN MORTGAGE CORP.		09/17/2007	AMSOUTH BANK		250,000	250,000.00	244,763	247,330		(2,567)				250,000				4,375	09/15/2007	
1099999	Subtotal - Bonds - All Other Governments					2,240,000	2,240,000.00	2,234,461	884,559		(5,338)				2,240,000				64,523		
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
244217-BH-7	JOHN DEERE CAPITAL CORP.		08/22/2007	AMSOUTH BANK		100,000	100,000.00	99,262	99,705		(443)				100,000				2,250	08/22/2007	
634906-CD-1	NATIONAL CITY BANK INDIANA		09/28/2007	AMSOUTH BANK		100,000	100,000.00	100,288	100,084		204				100,000				2,000	09/28/2007	
91324P-AJ-1	UNITED HEALTH GROUP INC.		08/15/2007	AMSOUTH BANK		100,000	100,000.00	99,611							100,000				1,688	08/15/2007	
4599999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					300,000	300,000.00	299,161	199,789		(239)				300,000				5,938		
6099997	Subtotal - Bonds - Part 4					5,240,000	5,240,000.00	5,228,730	3,579,744		(9,341)				5,240,000				155,763		
6099999	Subtotal - Bonds					5,240,000	5,240,000.00	5,228,730	3,579,744		(9,341)				5,240,000				155,763		
7499999	TOTALS					5,240,000		5,228,730	3,579,744		(9,341)				5,240,000				155,763		

(a) For all common stock bearing the NAIC market indicator "U" provide the number of such issues .....

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acqui- sition	Exchange or Counterparty	Cost/Option Premium	Book Value	*	Statement Value	Fair Value	Year to Date Increase/(Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART B - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received	Book Value	*	Statement Value	Fair Value	Year to Date Increase/(Decrease) by Adjustment	Used to Adjust Basis	Other Investment/ Miscellaneous Income

NONE



SCHEDULE DB - PART C - SECTION 1

Showing all Collar, Swap and Forwards Open at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description	Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index Rec (Pay)	Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)	Book Value	*	Statement Value	Fair Value	Year to Date Increase (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income	Potential Exposure

NONE

SCHEDULE DB - PART D - SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts at Current Statement Date

1	2	3	4	5	6	7	8	9	Variation Margin Information			13
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	10	11	12	Potential Exposure
									Recognized	Used to Adjust Basis of Hedged Item	Deferred	

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
Name	Location and Supplemental Information					First Month	Second Month	Third Month	
Open Depositories									
SUNTRUST INVESTMENT .....	SUNTRUST BANK-TN .....					1,926,199 .....	1,601,559 .....	2,299,344 .....	
REGIONS GENERAL OPERATING .....	REGIONS BANK-TN .....					4,280,290 .....	4,035,057 .....	4,847,402 .....	
REGIONS CLAIMS .....	REGIONS BANK-TN .....					(4,530,359) .....	(3,616,004) .....	(5,217,287) .....	
REGIONS PAYROLL .....	REGIONS BANK-TN .....					(1,822) .....	3,003 .....	1,072 .....	
REGIONS ESCROW CASH .....	REGIONS BANK-TN .....					84,605 .....	2,529 .....	74,636 .....	
REGIONS TRUST ACCOUNT .....	REGIONS BANK-TN .....					2,080,914 .....	2,120,183 .....	2,193,054 .....	
0199999 - TOTAL - Open Depositories .....						3,839,827 .....	4,146,327 .....	4,198,221 .....	
0399999 - TOTAL Cash on Deposit .....						3,839,827 .....	4,146,327 .....	4,198,221 .....	
0499999 - Cash in Company's Office .....						500 .....	500 .....	500 .....	
0599999 - TOTALS .....						3,840,327 .....	4,146,827 .....	4,198,721 .....	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Gross Investment Income
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NONE

STATEMENT AS OF September 30, 2007 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Non Admitted"	7 Admitted
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NONE

STATEMENT AS OF September 30, 2007 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Non Admitted	Admitted
0199999 Pharmaceutical Rebate Receivables						
0299999 Claim Overpayment Receivables	154	-	-	598,071	598,071	154
0399999 Loans and Advances to Providers				127,248	127,248	-
0499999 Capitation Arrangement Receivables						
0599999 Risk Sharing Receivables				4,329	4,329	-
0699999 Other Receivables				729,648	729,648	154
0799999 Gross Health Care Receivables	154	-	-			

STATEMENT AS OF September 30, 2007 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	Name of Affiliate	2	3	4	5	6	Admitted		8
							7	Current	
Med-MRI		0	0	0	0	0		0	0
Medplex		0	0	0	3,000	3,000		0	0
The Health Loop		0	0	0	0	0		0	0
Midsouth Health Solutions		257,441	0	0	0	0		257,441	0
01999999 Individual Listed Receivables		257,441	0	0	3,000	3,000		257,441	0
02999999 Receivables Not individually Listed									
03999999 Total Gross amounts Receivable		257,441	0	0	3,000	3,000		257,441	0

11/28/2007  
11:46 AM

Memphis Managed Care Inc.  
Reconciliation of Medical Services Monitoring Report (MSMR)  
to Report 2A  
As of September 30, 2007

<u>MSMR REPORT</u>	
UB 92 Payments	116,572,431
HCFA 1500 Payments	<u>77,884,034</u>
Total Claim Payments	<b>194,456,465</b>
No Check Adjustments	
Capitation	9,163,386
Reinsurance	
Off Lag Adjustments	2,079,798
IBNR	41,514,617
COB Subro Adjustments	
<b>Total Medical Payments</b>	<b>247,214,266</b>

**Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES**

	Current Year		Previous Year
	Current Period	Year to Date Total	Total
Member Months	504,630	1,510,169	2,246,795
<b>REVENUES:</b>			
1 TennCare Capitation	116,072,417	300,093,380	373,474,597
2 Investment	310,779	880,839	1,313,408
3 Other Revenue	(90,638)	(89,360)	53,226
4 Total Revenue	116,292,558	300,884,860	374,841,231
<b>EXPENSES:</b>			
Medical and Hospital Services			
5 Capitated Physician Services	2,809,032	8,373,238	12,172,604
6 Fee for Service Physician Services	12,196,652	32,908,613	39,294,873
7 Inpatient Hospital Services	20,268,009	49,456,473	56,586,552
8 Outpatient Services	1,225,897	2,276,783	85,315
9 Emergency Room Services	7,006,107	20,172,938	24,010,446
10 Mental Health Services	9,883	17,433	24,488
11 Dental Services	58,710	111,944	0
12 Vision Services	721,375	1,785,851	2,118,889
13 Pharmacy Services	0	0	(255)
14 Home Health Services	3,279,969	7,510,284	6,529,248
15 Chiropractic Services	0	0	0
16 Radiology Services	4,603,062	9,618,585	1,521,329
17 Laboratory Services	2,457,992	7,201,585	8,432,875
18 Durable Medical Equipment Services	581,982	879,338	298,038
19 Transportation Services	418,452	1,350,317	3,802,540
20 Outside Referrals	0	0	0
21 Medical incentive Pool and Withhold Adjustments	0	0	0
22 Occupancy Depreciation and Amortization	0	0	0
23 Other Medical and Hospital Services	33,072,027	99,595,305	151,258,715
24 <b>IBNR</b>	21,585,262	41,514,617	35,904,045
25 <b>Subtotal</b>	<b>110,294,411</b>	<b>282,773,304</b>	<b>342,039,702</b>
26 Reinsurance Expense Net of Recoveries	0	0	0
<b>LESS:</b>			
27 Copayments	0	0	0
28 Subrogation			0
29 Coordination of Benefits			0
30 <b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>30 TOTAL MEDICAL, HOSPITAL &amp; IBNR</b>	<b>110,294,411</b>	<b>282,773,304</b>	<b>342,039,702</b>
<b>Administration</b>			
31 Compensation	2,081,774	6,239,005	8,510,052
32 Marketing	0	0	0
33 Interest Expense	0	0	92
34 Premium Tax Expense	1,612,766	5,119,998	6,514,857
35 Occupancy Depreciation and Amortization	183,943	546,221	598,436
36 Other Administration	746,332	2,576,945	8,948,701
<b>37 TOTAL ADMINISTRATION</b>	<b>4,624,815</b>	<b>14,482,169</b>	<b>24,572,138</b>
<b>38 TOTAL EXPENSES</b>	<b>114,919,226</b>	<b>297,255,473</b>	<b>366,611,840</b>
<b>39 NET INCOME (LOSS)</b>	<b>1,373,331</b>	<b>3,629,386</b>	<b>8,229,391</b>



**BestESP® Services**  
**2007 MANAGEMENT REPORTS**

FOR: MEMPHIS MANAGED CARE CORPORATION  
TYPE: CASH FLOW WORKSHEETS  
NAIC #: 00000

PAGE: 1

Generation Date: 02-27-2008

This report shows the calculations used by the Best ESP System to build your Cash Flow page according to the Annual Statement Instructions. Each section includes a line to let you make adjustments according to your company's needs. You can manually change any of the calculated lines after they have been automatically calculated by the Best ESP System. Prior Year refers to the Prior Year column on the Current Quarter Page. PREVIOUS YEAR PAGE refers to the prior year statement page.

**Cash From Operations Worksheet**

**Premiums Collected Net of Reinsurance**

1.1	Statement of Revenue and Expenses (Page 4, Column 2), Current Year-To-D	+ Line 2	0
	(Page 5, Line 35, Column 1 in part for policy reserves)	+ Line 35	0
	Sub-Total Ref. 1.1		0
1.2	Assets (Page 2, Column 1), Current Statement Date	+ Line 13.1	0
	(Line 14.2 in part for amount related to earned premiums; Line 14.3 in part	+ Line 13.2	0
	for experience rating and other refunds)	+ Line 13.3	0
		+ Line 14.2	0
		+ Line 14.3	0
	Assets (Page 2, Column 1), PREVIOUS YEAR PAGE	- Line 13.1	0
	(Line 14.2 in part for amount related to earned premiums; Line 14.3 in part	- Line 13.2	0
	for experience rating and other refunds)	- Line 13.3	0
		- Line 14.2	0
		- Line 14.3	0
	Sub-Total for Ref. 1.2		0
1.3	Liabilities (Page 3, Column 3), Current Statement Date	+ Line 4	0
		+ Line 5	0
		+ Line 6	0
		+ Line 8	0
		+ Line 11	0
	Liabilities (Page 3, Column 4), Prior Year	- Line 4	0
		- Line 5	0
		- Line 6	0
		- Line 8	0
		- Line 11	0
	Sub-Total for Ref. 1.3		0
1.4			0
1.5	Total of 1.1 - 1.2 + 1.3 + 1.4 (Report on Line 1 of the Cash Flow)		0

**Net Investment Income**

2.1	Statement of Revenue and Expenses (Page 4, Column 2), Current	+ Line 25	880,839
	Year-To-Date		
2.2	Assets (Page 2, Column 1), Current Statement Date	+ Line 12	175,665
		+ Line 20	0
	Assets (Page 2, Column 1), PREVIOUS YEAR PAGE	- Line 12	217,686
		- Line 20	0
	Sub-Total for Ref. 2.2		(42,021)
2.3	Liabilities (Page 3, Column 3), Current Statement Date	+ Line 9	0
	(Line 9 in part for investment related expenses)	+ Line 19	0
	Liabilities (Page 3, Column 4), Prior Year	- Line 9	0
	(Line 9 in part for investment related expenses)	- Line 19	0
	Sub-Total for Ref. 2.3		0
2.4	Amortization of Premium from Investment Worksheet	+ Line B8	0
		+ Line S8	0
		+ Line M9	0
		+ Line O9	0
	Sub-Total for Ref. 2.4		0
2.5	Accrual of Discount from Investment Worksheet	+ Line B9	0
		+ Line S9	0
		+ Line M5	0
		+ Line O5	0
	Sub-Total for Ref. 2.5		0
2.6	Depreciation expense (included in 2.1)		0
2.7			0
2.8	Total of 2.1 - 2.2 + 2.3 + 2.4 - 2.5 + 2.6 + 2.7 (Report on Line 2 of the Cash Flow)		922,860

**BestESP® Services**  
**2007 MANAGEMENT REPORTS**

FOR: MEMPHIS MANAGED CARE CORPORATION  
TYPE: CASH FLOW WORKSHEETS  
NAIC #: 00000

PAGE: 2

Generation Date: 02-27-2008

**Miscellaneous Income**

3.1	Statement of Revenue & Expenses (Page 4, Column 2), Current Year-To-Date	+ Line 4	0	
		+ Line 5	0	
		+ Line 6	0	
		+ Line 7	4,002	
	Sub-Total for Ref. 3.1			4,002
3.2	Assets (Page 2, Column 1), Current Year-To-Date (Line 14.2 in part for all amounts not reported in Line 1.2 above; Line 14.3 in part for all the amounts not reported in Line 1.2 above or Line 7.2 below; Line 22 in part excluding claim related receivables included in Line 5.2 below)	+ Line 14.2	0	
		+ Line 14.3	0	
		+ Line 22	0	
	Assets (Page 2, Column 1), PREVIOUS YEAR PAGE	- Line 14.2	0	
		- Line 14.3	0	
		- Line 22	0	
	Sub-Total for Ref. 3.2			0
3.3				0
3.4	Total of 3.1 - 3.2 + 3.3 (Report on Line 3 of the Cash Flow)			4,002

**Benefit and Loss Related Payments**

5.1	Statement of Revenue and Expenses (Page 4, Column 2), Current Year-To-Date (Page 5, Column 1, Line 35 in part for claim reserves)	+ Line 18	0	
		+ Line 19	0	
		+ Line 22	0	
		+ Line 35	0	
				0
5.2	Assets (Page 2, Column 1), Current Year-To-Date (Line 22 in part for claim related receivables)	+ Line 14.1	0	
		+ Line 22	0	
	Assets (Page 2, Column 1), PREVIOUS YEAR PAGE (Line 22 in part for claim related receivables)	- Line 14.1	0	
		- Line 22	0	
	Sub-Total for Ref. 5.2			0
5.3	Liabilities (Page 3, Column 3), Current Statement Date	+ Line 1	0	
		+ Line 2	0	
		+ Line 7	0	
	Liabilities (Page 3, Column 4), Prior Year	- Line 1	0	
		- Line 2	0	
		- Line 7	0	
	Sub-Total for Ref. 5.3			0
5.4				0
5.5	Total of 5.1 + 5.2 - 5.3 + 5.4 (Report on Line 5 of the Cash Flow)			0

**Commissions, Expenses Paid and Aggregate Write-ins for Deductions**

7.1	Statement of Revenue and Expenses (Page 4, Column 2), Current Year-To-Date	+ Line 20	0	
		+ Line 21	(2,744,546)	
		- Line 28	0	
		- Line 29	0	
	Sub-Total for Ref. 7.1			(2,744,546)
7.2	Assets (Page 2, Column 1), Current Statement Date (Line 14.3 in part for commissions and expense allowance due)	+ Line 14.3	0	
		+ Line 15	10,046,744	
		+ Line 17	0	
	Assets (Page 2, Column 1), PREVIOUS YEAR PAGE (Line 14.3 in part for commissions and expense allowance due)	- Line 14.3	0	
		- Line 15	4,709,517	
		- Line 17	0	
	Sub-Total for Ref. 7.2			5,337,227
7.3	Liabilities (Page 3, Column 3), Current Statement Date (Line 9 in part for amounts not included in Line 2.3 above (i.e. non investment related expenses))	+ Line 3	0	
		+ Line 9	49,004	
		+ Line 20	774,012	
	Liabilities (Page 3, Column 3), Prior Year (Line 9 in part for amounts not included in Line 2.3 above (i.e. non investment related expenses))	- Line 3	0	
		- Line 9	183,420	
		- Line 20	1,349,431	
	Sub-Total for Ref. 7.3			(709,835)
7.4	Depreciation expense (included in 7.1)			546,221
7.5				0
7.6	Total of 7.1 + 7.2 - 7.3 - 7.4 + 7.5 (Report on Line 7 of the Cash Flow)			2,756,295

**Federal and Foreign Income Taxes Paid (Recovered)**

9.1	Statement of Revenue and Expenses (Page 4, Column 2 and Page 5 Column 1), Current Year-To-Date (note that Line 38 reduces surplus); Tax amount included in Lines 26, 36 and 37	+ Line 31	0	
		- Line 38	0	
	Sub-Total for Ref. 9.1	+ Tax	0	0
9.2	Assets (Page 2, Column 1), Current Statement Date	+ Line 16.1	0	
		+ Line 16.2	0	
	Assets (Page 2, Column 1), PREVIOUS YEAR PAGE	- Line 16.1	0	
		- Line 16.2	0	
	Sub-Total for Ref. 9.2			0
9.3	Liabilities (Page 3, Column 3), Current Statement Date	+ Line 10.1	0	
		+ Line 10.2	0	
	Liabilities (Page 3, Column 4), Prior Year	- Line 10.1	0	
		- Line 10.2	0	
	Sub-Total for Ref. 9.3			0
9.4	Total of 9.1 + 9.2 - 9.3 (Report on Line 9 of the Cash Flow)			0

# BestESP® Services

## 2007 MANAGEMENT REPORTS

FOR: MEMPHIS MANAGED CARE CORPORATION  
 TYPE: CASH FLOW WORKSHEETS  
 NAIC #: 00000

PAGE: 3

Generation Date: 02-27-2008

### Cash From Investment Worksheet

<b><u>Bonds</u></b>			
B1	Bonds - Net Admitted Assets (Page 2, Column 3), Current Statement Date	+ Line 1	19,006,160
	Bonds - Net Admitted Assets (Page 2, Column 4), Prior Year	- Line 1	20,291,225
	Sub-Total for Ref. B1		(1,285,065)
B2	Bonds - Nonadmitted Assets (Page 2, Column 2), Current Statement Date	+ Line 1	0
	Bonds - Nonadmitted Assets (Page 2, Column 2), PREVIOUS YEAR PAGE	- Line 1	0
	Sub-Total for Ref. B2		0
B3	Sum of B1 + B2		(1,285,065)
B4	Acquisition (Schedule D - Verification, Line 2, in part) (Report on Line 13.1 of Cash Flow)		0
B5	Increase (Decrease) by Adjustment (Schedule D - Verification, Line 4 + Line 5, in part)		0
B6	Realized Gain (Loss) (Schedule D - Verification, Line 6, in part)		0
B7	Consideration of Sale (Schedule D - Verification, Line 7, in part) (report on Line 12.1 of Cash Flow)		0
B8	Amortization of Premium (Schedule D - Verification, Line 8, in part)		0
B9	Accrual of Discount (Schedule D - Verification, Line 3, in part)		0
B10	Other amount increases (decreases) - combine increases with Line B4 and decreases with Line B7 for reporting		0
B11	Total of B4 + B5 + B6 - B7 - B8 + B9 + B10		0
	B3 - B11 (If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in B10)		(1,285,065)
<b><u>Stocks</u></b>			
S1	Stocks - net admitted assets (Page 2, Column 3), Current Statement Date	+ Line 2.1	0
		+ Line 2.2	0
	Stocks - net admitted assets (Page 2, Column 4), Prior Year	- Line 2.1	0
		- Line 2.2	0
	Sub-Total for Ref. S1		0
S2	Stocks - nonadmitted assets (Page 2, Column 2), Current Statement Date	+ Line 2.1	0
		+ Line 2.2	0
	Stocks - nonadmitted assets (Page 2, Column 2), PREVIOUS YEAR PAGE	- Line 2.1	0
		- Line 2.2	0
	Sub-Total for Ref. S2		0
S3	Sum of S1 + S2		0
S4	Acquisition (Schedule D - Verification, Line 2, in part) (Report on Line 13.2 of Cash Flow)		0
S5	Increase (Decrease) by adjustment (Schedule D - Verification, Line 4 + Line 5, in part)		0
S6	Realized Gain (Loss) (Schedule D - Verification, Line 6, in part)		0
S7	Consideration on Sale (Schedule D - Verification, Line 7, in part) (report on Line 12.2 of Cash Flow)		0
S8	Amortization of Premium (Schedule D - Verification, Line 8, in part)		0
S9	Accrual of Discount (Schedule D - Verification, Line 3, in part)		0
S10	Other amount increases (decreases) - combine increases with Line S4 and decreases with Line S7 for reporting		0
S11	Total of S4 + S5 + S6 - S7 - S8 + S9 + S10		0
	S3 - S11 (If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in S10)		0
<b><u>Reconciliation of Bonds and Stocks to Schedule D Verification</u></b>			
	Cost of Bonds and Stocks acquired	+ Line 2	4,713,593
	should equal B4 + S4		0 (4,713,593)
	Increase (Decrease) by Adjustment	+ Line 4	(758,658)
	plus Foreign Exchange Adjustment	+ Line 5	0
			(758,658)
	should equal B5 + S5		0 758,658
	Total Gains (Losses)	+ Line 6	0
	should equal B6 + S6		0 0
	Considerations for Bonds and Stocks and Stocks Disposed	+ Line 7	5,240,000
	should equal B7 + S7		0 (5,240,000)

**BestESP® Services**  
**2007 MANAGEMENT REPORTS**

FOR: MEMPHIS MANAGED CARE CORPORATION  
TYPE: CASH FLOW WORKSHEETS  
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**Mortgage Loans**

M1	Mortgage loans - Net Admitted Assets (Page 2, Column 3), Current Statement Date	+ Line 3.1	0	
		+ Line 3.2	0	
	Mortgage loans - Net Admitted Assets (Page 2, Column 4), Prior Year	- Line 3.1	0	
		- Line 3.2	0	
	Sub-Total for Ref. M1			0
M2	Mortgage loans - Nonadmitted Assets (Page 2, Column 2), Current Statement Date	+ Line 3.1	0	
		+ Line 3.2	0	
	Mortgage loans - Nonadmitted Assets (Page 2, Column 2), PREVIOUS YEAR PAGE	- Line 3.1	0	
		- Line 3.2	0	
	Sub-Total for Ref. M2			0
M3	Sum of M1 + M2			0

**Schedule B Verification**

M4	Line 2. Amount loaned during period (report on Line 13.3 of Cash Flow)	+ Line 2.1	0	
		+ Line 2.2	0	
	Sub-Total for Ref. M4			0
M5	Line 3. Accrual of discount and mortgage interest points and fees	+ Line 3		0
M6	Line 4. Increase (decrease) by adjustment	+ Line 4	0	
	Line 8. Increase (decrease) by foreign exchange adjustment	+ Line 8	0	
	Line 10. Valuation allowance, Current Year-to-Date	+ Line 10	0	
	Line 10, Column 2. Valuation allowance, Prior Year	- Line 10	0	
	Sub-Total for Ref. M6			0
M7	Line 5. Realized Gain (Loss)	+ Line 5		0
M8	Line 6. Amount Paid (report on Line 12.3 of Cash Flow)	+ Line 6		0
M9	Line 7. Amortization of Premium	+ Line 7		0
M10	Other amount increases (decreases) - combine increases with Line M4 and decreases with Line M8 for reporting			0
M11	Total of M4 + M5 + M6 + M7 -M8 - M9 + M10			0
	M3 - M11 (If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in M10)			0

**Real Estate**

R1	Real estate - Net Admitted Assets (Page 2, Column 3), Current Statement Date	+ Line 4.1	0	
		+ Line 4.2	0	
		+ Line 4.3	0	
	Real estate - Net Admitted Assets (Page 2, Column 4), Prior Year	- Line 4.1	0	
		- Line 4.2	0	
		- Line 4.3	0	
	Sub-Total for Ref. R1			0
R2	Real estate - Nonadmitted Assets (Page 2, Column 2), Current Statement Date	+ Line 4.1	0	
		+ Line 4.2	0	
		+ Line 4.3	0	
	Real estate - Nonadmitted Assets (Page 2, Column 2), PREVIOUS YEAR PAGE	- Line 4.1	0	
		- Line 4.2	0	
		- Line 4.3	0	
	Sub-Total for Ref. R2			0
R3	Total of R1 + R2			0

**Schedule A Verification**

R4	Line 2. Increase (decrease) by adjustment	+ Line 2	0	
	Line 6. Increase (decrease) by foreign exchange adjustment	+ Line 6	0	
	Line 9. Valuation allowance, Current Year-to-Date	+ Line 9	0	
	Line 9, Column 2. Valuation allowance, Prior Year	- Line 9	0	
	Sub-Total for Ref. R4			0
R5	Line 3. Cost of Acquired	+ Line 3	0	
	Line 4. Cost of Additions and Improvements	+ Line 4	0	
	Sub-Total for Ref. R5 (report on Line 13.4 of Cash Flow)			0
R6	Line 5. Realized Gain (Loss)	+ Line 5		0
R7	Line 7. Amount received on Sale (report on Line 12.4 of Cash Flow)	+ Line 7		0
R8	Other amount increases (decreases) - combine increases with Line R5 and decreases with Line R7 for reporting			0
R9	Total of R4 + R5 + R6 - R7 + R8			0
	R3 - R9 (If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in R8)			0

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**Other Invested Assets**

O1	Other invested assets - net admitted assets (Page 2, Column 3), Current Statement Date	+ Line 7	1,325,324	
	Other invested assets - net admitted assets (Page 2, Column 4), Prior Year	- Line 7	1,415,186	
	Sub-Total for Ref. O1			(89,862)
O2	Other invested assets - nonadmitted Assets (Page 2, Column 2), Current Statement Date	+ Line 7	0	
	Other invested assets - nonadmitted Assets (Page 2, Column 2), PREVIOUS YEAR PAGE	- Line 7	0	
	Sub-Total for Ref. O2			0
O3	Total of O1 + O2			(89,862)

**Schedule BA Verification**

O4	Line 2. Cost of Acquisition	+ Line 2.1	0	
		+ Line 2.2	0	
	Sub-Total for Ref. O4 (report on Line 13.5 of Cash Flow)			0
O5	Line 3. Accrual of Discount	+ Line 3		0
O6	Line 4. Increase (decrease) by adjustment	+ Line 4	(89,862)	
	Line 8. Increase (decrease) by foreign exchange adjustment	+ Line 8	0	
	Line 10. Valuation allowance, Current Year-to-Date	+ Line 10	0	
	Line 10, Column 2. Valuation allowance, Prior Year	- Line 10	0	
	Sub-Total for Ref. O6			(89,862)
O7	Line 5. Realized Gain (Loss)	+ Line 5		0
O8	Line 6. Amount Paid on Account (report on Line 12.5 of Cash Flow)	+ Line 6		0
O9	Line 7. Amortization of Premium	+ Line 7		0
O10	Other amounts increases (decreases) - combine increases with Line O4 and decreases with Line O8 for reporting			89,862
O11	Total of O4 + O5 + O6 + O7 -O8 -O9 + O10			0
	O3 - O11 (If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in O10)			(89,862)

**Contract Loans and Premium Notes**

P1	Contract loans - net admitted assets (Page 2, Column 3), Current Statement Date	+ Line 6	0	
	Contract loans - net admitted assets (Page 2, Column 4), Prior Year	- Line 6	0	
	Sub-Total for Ref. P1			0
P2	Contract loans - nonadmitted assets (Page 2, Column 2), Current Statement Date	+ Line 6	0	
	Contract loans - nonadmitted assets (Page 2, Column 2), PREVIOUS YEAR PAGE	- Line 6	0	
	Sub-Total for Ref. P2			0
P3	Total of P1 + P2			0
P4	Increase (decrease) by adjustment			0
P5	Net Increase (Decrease) in Amount Paid and Received (report on Line 14 of Cash Flow)			0
P6	Realized Gain (Loss)			0
P7	Other amount increases (decreases) - Combine increases and decreases with Line P5 for reporting			0
P8	Total of P4 + P5 + P6 + P7			0
	P3 - P8 (If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in P7)			0

**Aggregate Write-ins for Invested Assets**

W1	Net admitted assets (Page 2, Column 3), Current Statement Date	+ Line 9	0	
	Net admitted assets (Page 2, Column 4), Prior Year	- Line 9	0	
	Sub-Total for Ref. W1			0
W2	Nonadmitted assets (Page 2, Column 2), Current Statement Date	+ Line 9	0	
	Nonadmitted assets (Page 2, Column 2), PREVIOUS YEAR PAGE	- Line 9	0	
	Sub-Total for Ref. W2			0
W3	Total of W1 + W2			0
W4	Increase (decrease) by adjustment			0
W5	Net increase (decrease) in Amounts Paid and Received (report as cash from investments misc. on Line 12.7 if amount is a decrease and Line 13.6 if amount is an increase)			0
W6	Realized Gain (Loss)			0
W7	Other amount increases (decreases) - Combine increases and decreases with Line W5 for reporting			0
W8	Total of W4 + W5 + W6 + W7			0
	W3 - W8 (If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in W7)			0

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**Receivable (Payable) for Securities**

X1	Net admitted assets (Page 2, Column 3), Current Statement Date	+ Line 8	0	
	Net admitted assets (Page 2, Column 4), Prior Year	- Line 8	0	
	Sub-Total for Ref. X1			0
X2	Nonadmitted assets (Page 2, Column 2), Current Statement Date	+ Line 8	0	
	Nonadmitted assets (Page 2, Column 2), PREVIOUS YEAR PAGE	- Line 8	0	
	Sub-Total for Ref. X2			0
X3	Liabilities (Page 3, Column 3), Current Statement Date	+ Line 16	0	
	Liabilities (Page 3, Column 4), Prior Year	- Line 16	0	
	Sub-Total for Ref. X3			0
X4	Total of X1 + X2 - X3 (report absolute value as cash from investments misc. on Line 12.7 if amount is a decrease and Line 13.6 if amount is an increase)			0

**Reconcile Unrealized Capital Gains (Losses)**

1	Statement of Revenue and Expenses (Page 5), Current Year-To-Date (Line 36 and Line 37 in part excluding taxes)	+ Line 36	0	
		+ Line 37	0	
	Sub-Total for Ref. 7			0
2	Increase (Decrease) by Adjustment from Investment worksheet (Ref. # B5 + S5 + M6 + R4 + O6 + P4 + W4)			(89,862)
3	Increase (Decrease) on Cash, Cash Equivalents and Short-term Investments (report on line 12.6 of Cash Flow)			0
4	Depreciation (included in Line 2 and reported on Line 2.6 of Cash from Operations Worksheet)			0
5	Total of 1 - 2 - 3 - 4 (amount should = 0, if not = 0 balance should be reported as cash from investments miscellaneous on Line 12.7 if amount is an increase and Line 13.6 if amount is a decrease)			89,862

**Reconcile Realized Capital Gains (Losses)**

1	Statement of Revenue and Expenses (Page 4), Current Year-To-Date before transfer to IMR and before taxes	+ Line 26	0	
2	Realized Gain (Loss) from Investment Worksheet (Ref. # B6 + S6 + M7 + R6 + O7 + P6 + W6)			0
3	Gain (Loss) on Cash, Cash Equivalents and Short-term Investments (report on line 12.6 of Cash Flow)			0
4	Total of 1 - 2 - 3 (amount should = 0, if not = 0 balance should be reported as cash from investments miscellaneous on Line 12.7 if amount is an increase and Line 13.6 if amount is a decrease)			0

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**Cash From Financing Worksheet**

These lines calculate Line 16 of the Cash Flow.

**Cash Provided (Applied): Surplus Notes and Capital Notes**

1.1	Surplus notes (Page 3, Column 3) Current Statement Date	+ Line 27	0	
	Surplus notes (Page 3, Column 4) Prior Year	- Line 27	0	
	Sub-Total for Ref. 1.1			0
1.2	Capital notes (Page 3, Column 3) Current Statement Date	+	0	
	Capital notes (Page 3, Column 4) Prior Year	-	0	
	Sub-Total for Ref. 1.2			0
1.3				0
1.4	Total of 1.1 + 1.2 + 1.3 (report on Line 16.1 of Cash flow)			0

**Capital and Paid in Surplus, less Treasury Stock**

2.1	Common Capital Stock (Page 3, Column 3) Current Statement Date	+ Line 24	0	
	Preferred Capital Stock (Page 3, Column 3) Current Statement Date	+ Line 25	0	
	Common Capital Stock (Page 3, Column 4) Prior Year	- Line 24	0	
	Preferred Capital Stock (Page 3, Column 4) Prior Year	- Line 25	0	
	Sub-Total for Ref. 2.1			0
2.2	Paid in Surplus (Page 3, Column 3) Current Statement Date	+ Line 26	3,699,498	
	Paid in Surplus (Page 3, Column 4) Prior Year	- Line 26	3,699,498	
	Sub-Total for Ref. 2.2			0
2.3	Treasury Stock (Page 3, Column 3) Current Statement Date	+ Line 30.1	0	
		+ Line 30.2	0	
	Treasury Stock (Page 3, Column 4) Prior Year	- Line 30.1	0	
		- Line 30.2	0	
	Sub-Total for Ref. 2.3			0
2.4	Transfer from Unassigned Surplus to lines included in 2.1 or 2.2			0
2.5				0
2.6	Total of 2.1 + 2.2 - 2.3 - 2.4 + 2.5 (report on Line 16.2 of Cash Flow)			0

**Borrowed Money**

3.1	Borrowed Money (Page 3, Column 3) Current Statement Date	+ Line 14	0	
	Barrowed Money (Page 3, Column 4) Prior Year	- Line 14	0	
	Sub-Total for Ref. 3.1			0
3.2				0
3.3	Total of 3.1 + 3.2 (report on Line 16.3 of Cash Flow)			0

**Dividends to Stockholders**

5.1	Dividends to Stockholders (Page 5, Column 1) Current Year-to-Date	+ Line 46		0
5.2	Dividends to Stockholders (Page 3, Column 3) Current Statement Date (in part)	+ Line 21	0	
	Dividends to Stockholders (Page 3, Column 4) Prior Year (in part)	- Line 21	0	
	Sub-Total for Ref. 5.2			0
5.3	Total of 5.1 - 5.2 (report on Line 16.5 of Cash Flow)			0

**Other Cash Provided (applied)**

6.1	Aggregate Write-ins for Gains (Losses) (Page 5, Column 1) Current Year-to-Date	+ Line 47		0
6.2	Miscellaneous Liabilities (Page 3, Column 3) Current Statement Date (Line 21 in part excluding dividends included in Line 5.2 above)	+ Line 12	658,991	
		+ Line 13	0	
		+ Line 15	193,278	
		+ Line 17	0	
		+ Line 21	0	
		+ Line 23	0	
		+ Line 28	0	
	Miscellaneous Liabilities (Page 3, Column 3) PRIOR YEAR PAGE (Line 21 in part excluding dividends included in Line 5.2 above)	- Line 12	661,718	
		- Line 13	0	
		- Line 15	192,695	
		- Line 17	0	
		- Line 21	0	
		- Line 23	0	
		- Line 28	0	
	Sub-Total for Ref. 6.2			(2,144)
6.3	Miscellaneous Assets (Page 2, Column 1) Current Statement Date (Line 18, Line 19, Line 21) (Line 22 in part for amounts not included elsewhere) (Line 23 in part for amounts not included in Line 5.2 above)	+ Line 18	982,666	
		+ Line 19	211,494	
		+ Line 21	260,441	
		+ Line 22	729,802	
		+ Line 23	498,740	
	Miscellaneous Assets (Page 2, Column 1), PREVIOUS YEAR PAGE (Line 18, Line 19, Line 21) (Line 22 in part for amounts not included elsewhere) (Line 23 in part for amounts not included in Line 5.2 above)	- Line 18	1,191,556	
		- Line 19	182,812	
		- Line 21	285,861	
		- Line 22	152,276	
		- Line 23	163,664	
	Sub-Total for Ref. 6.3			706,974
6.4	Transfer from Unassigned Surplus to lines included in 6.2			0
6.5	Depreciation (included on Line 7.4 of Cash from Operations Worksheet)			(286,117)
6.6				0
6.7	Total of 6.1 + 6.2 - 6.3 - 6.4 + 6.5 + 6.6 (report on Line 16.6 of Cash Flow)			(995,235)

**BestESP® Services**  
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**Reconcile Change in Liability in Reinsurance in Unauthorized Companies**

1.	Change in Liability for Reinsurance in Unauthorized Companies-Capital and Surplus Account (Page 5, Column 1) Current Year-to-Date	+ Line 40		0
2.	Reinsurance in Unauthorized Companies (Page 3, Column 3) Current Year	+ Line 18	0	
	Reinsurance in Unauthorized Companies (Page 3, Column 4) Prior Year	- Line 18	0	
	Sub-Total for Ref. 2			0
3.	Total of 1 - 2 (amount should = 0, if not = 0 balance should be reported as an adjustment to the appropriate line of the Cash Flow Statement)			0

**Reconcile of Nonadmitted Assets**

1.	Capital and Surplus Account (Page 5, Column 1) Current Year-to-Date	+ Line 39		(504,299)
2.	Nonadmitted assets (Page 2, Column 2) Total Current Statement Date	+ Line 26	2,425,548	
	Nonadmitted assets (Page 2, Column 2), Total PREVIOUS YEAR PAGE	- Line 26	1,921,248	
	Adjustments for amounts reported in unrealized capital gains/losses	+	0	
	Sub-Total for Ref. 2			504,300
3.	Other adjustments			0
4.	Total of 1 + 2 + 3 (amount should = 0, if not = 0 balance should be reported as cash from financing on Line 16.6)			1

**Reconcile of Change in Accounting**

1.	Capital and Surplus Account (Page 5, Column 1) Current Year-to-Date	+ Line 43		0
	Allocate all amounts due to change in accounting to the appropriate section of the worksheet			



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2007  
OF THE CONDITION AND AFFAIRS OF THE  
MEMPHIS MANAGED CARE CORPORATION

NAIC Group Code 0000 , 2006 NAIC Company Code 00000 Employer's ID Number 621539163  
(Current Period) (Prior Period)

Organized under the Laws of TENNESSEE , State of Domicile or Port of Entry Tennessee

Country of Domicile US

Licensed as business type:

Life Accident and Health [ ] Property/Casualty [ ] Hospital, Medical and Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Other [ ]  
Health Maintenance Organization [ X ] Is HMO Federally Qualified? Yes (X) No ( )

Incorporated/Organized July 7, 1993 Commenced Business January 1, 1994

Statutory Home Office 1407 UNION AVE, SUITE 200, MEMPHIS, Tennessee 38104  
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1407 UNION AVE, SUITE 200, MEMPHIS, Tennessee 38104 901-515-3003  
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1407 UNION AVE, SUITE 200, MEMPHIS, Tennessee 38104  
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1407 UNION AVE, SUITE 200, MEMPHIS, Tennessee 38104  
(Street and Number, City or Town, State and Zip Code)  
901-515-3003  
(Area Code) (Telephone Number)

Internet Website Address www.mmcc-tlc.com

Statutory Statement Contact CHERYLL ANNETTE MILLER 901-515-3022  
(Name) (Area Code) (Telephone Number) (Extension)  
CMILLER@MMCC-TLC.COM 901-515-3722  
(E-Mail Address) (Fax Number)

OFFICERS  
STEVEN BURKETT (PRESIDENT & CEO)  
JEFF BRANDON (SECRETARY)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

PEGGY ALLEN#  
JEFF BRANDON  
BURKETT STEVEN  
BRENDA JETER  
VERONICA T. MALLETT, MD  
STUART POLLY, MD  
SYLVESTER REEDER#  
AL KING

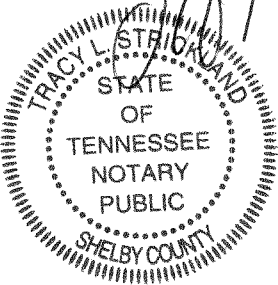
State of Tennessee }  
County of SHELBY } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

STEVEN BURKETT  
PRESIDENT & CEO

JEFF BRANDON  
SECRETARY

Subscribed and sworn to before me this  
3 day of March, 2008



a. Is this an original filing? Yes ( ) No (X)  
b. If no: 1. State the amendment number 1  
2. Date filed March 3, 2008  
3. Number of pages attached 1

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims -

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior					
2. 2003					
3. 2004	XXX				
4. 2005	XXX	XXX			
5. 2006	XXX	XXX	XXX		
6. 2007	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims -

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior					
2. 2003					
3. 2004	XXX				
4. 2005	XXX	XXX			
5. 2006	XXX	XXX	XXX		
6. 2007	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio -

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Columns 2 + 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Columns 5 + 7 + 8)	10 (Column 9 divided by Column 1) Percent
1. 2003										
2. 2004										
3. 2005										
4. 2006										
5. 2007										

NONE